Washington State Liquor Control Board

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DOMESTIC & MICRO BREWERY SUMMARY
TAX REPORT
FORM LIQ-526
(Revised 07-06)

License Number	
License Name	
Location Address	
City, State & Zip	

MONTH

YEAR

If Revised Report
(check box) ☐

PART 1: NET PRODUCTIONS (In Barrels) (Round to 2 decimal places) — **TOTAL BARRELS**

(Using TTB F 5130.9 form, Add Lines 2, 3, and 11 and subtract Lines 27, 28, 30, & 31 of Column b) or (Using TTB F 5130.26 form, Add Lines 1, 2, and 5, and subtract Lines 13, 14, and 15 of Part 1) Enter a Zero, if None.   **(1)**

PART 2: NET REMOVALS FROM BREWERY

1. NET NON-TAXABLE SALES (Round to 2 decimal places) — **TOTAL BARRELS**

a. Washington Beer Distributors (must equal LIQ 526-A which should be attached)   **(2)**

b. Washington State Liquor Control Board, Military within Washington, ICC and Exports (all shipments leaving Washington EXCEPT Direct Shipments to Consumers; i.e. - Distributors, Retail Licensees, Samples, and Donations to Non-Profits)   **(3)**

2. NET TAXABLE SALES (USE TAX RATE COLUMN THAT APPLIES TO YOUR LICENSE)		**TOTAL BARRELS** @ $8.080	**TOTAL BARRELS** @ $4.782
a. Brewery's Retail Sales (Including Direct Shipments to in- and out-of-state Consumers), Samples, and Donations to Non-Profits in-state.	**(4)**		
b. Sales to Washington Retail Licensees (i.e. - restaurants, grocery stores)	**(5)**		
TOTAL BARRELS OF TAXABLE SALES: Total of line (4) and (5) equals	**(6)**		

TOTAL NET SALES FROM BREWERY: Total of Box 2, 3, and totals from Line 6
(Taxes are paid on total barrels of Line 6, only)
(Must Equal TTB F 5130.9, Totals of Column (g), Add Lines 14, 15, and 16 then subtract Lines 7 and 8) or
(Must Equal TTB F 5130.26, Line 10 minus Line 4 of Part 1)   **(7)**

TAX COMPUTATION (USE THE CORRECT TAX RATE)

	Line (6) above x $8.080 = Box (8)		Line (6) above x $4.782 = Box (9)
Certified True and Correct Under Penalty of Perjury — **(8)**		**(9)**	

Signature of Person Completing Form		
	Taxes Due Box (8) + (9) =	**(10)**
Printed Name		
	Penalties for late reporting 2% per month of amount in box (10)	**(11)**
Date		
	Refunds or Balances Due (*IF ANY*)	**(12)**
Telephone No		
	TOTAL DUE	**(13)**

WSLCB USE ONLY	
Payee Number	
Amount $	

WSLCB USE ONLY	
Amount Received $	
Office Audit	
Postmark Date	

LIQ-526-20-07/06